



PATIENT

Lexi Creswick

SPECIES

Canine

BREED

Golden Doodle

SEX

FS

AGE

8 years

WEIGHT

Unknown

PRESENTING CLINICAL SIGNS

Icterus and weight loss with reduced appetite and lethargy last 2 weeks Current Medications Sam-e 225, prev apoquel and cytopoint but not in last 24 hours
Abnormal PE/Chem/CBC/UA Results: Severely elevated liver values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.8 cm in length. The right kidney measured 7.7 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.4 cm length x 0.59 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.1 cm length x 0.59 cm width at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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Liver/ Gallbladder

The liver presented enlarged in size. The liver exhibited mild generalized decreased parenchyma echogenicity. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended yet without evidence of peripheral inflammation, containing primarily anechoic content with very minor particulate debris. The cystic biliary duct and common bile duct were subjectively unremarkable without evidence of common bile duct distention, dilation, or obstruction.



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Transdiaphragmatic view revealed a mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering with minor retained, echogenic ingesta / chyme and mild luminal gas. The gastric body wall width measured 0.44 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.47 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

Diffuse enlargement of the pancreas with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present, primarily involving the pancreas base and right pancreatic limb and mildly involving the left pancreatic limb. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Small pockets of very scant peripancreatic effusion along with generalized peripancreatic echogenic mesentery was present.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

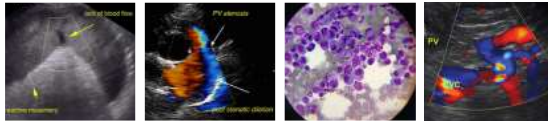
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute pancreatitis with regional peritonitis
- Acute hepatopathy
- Nonspecific, mild transdiaphragmatic comet tail artifact
- Mild distended gallbladder without peripheral inflammation, no overt evidence of post-hepatic obstruction
- Gastroduodenitis - subjectively mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with aggressive medical therapy for active pancreatitis and concurrent to secondary hepatopathy which may include IV fluid and GI support, plasma expanders, appropriate antibiotic therapy if evidence of fever, and analgesia.



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Three view chest radiographs are suggested to rule out concurrent occult thoracic pathology.

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Potential for pancreatic or occult hepatic neoplasia which may present in a similar sonographic manner is thought less likely yet cannot be definitively excluded. Sonographic reassessment of the liver, gallbladder, common bile duct, and pancreas would be ideal in 2-4 days pending clinical response to therapy or if increasing evidence of cholestasis. Potential for pancreatic and hepatic screening cytology, assuming normal clotting status, may be indicated if persistent sonographic signs of hepatomegaly and pancreatitis.

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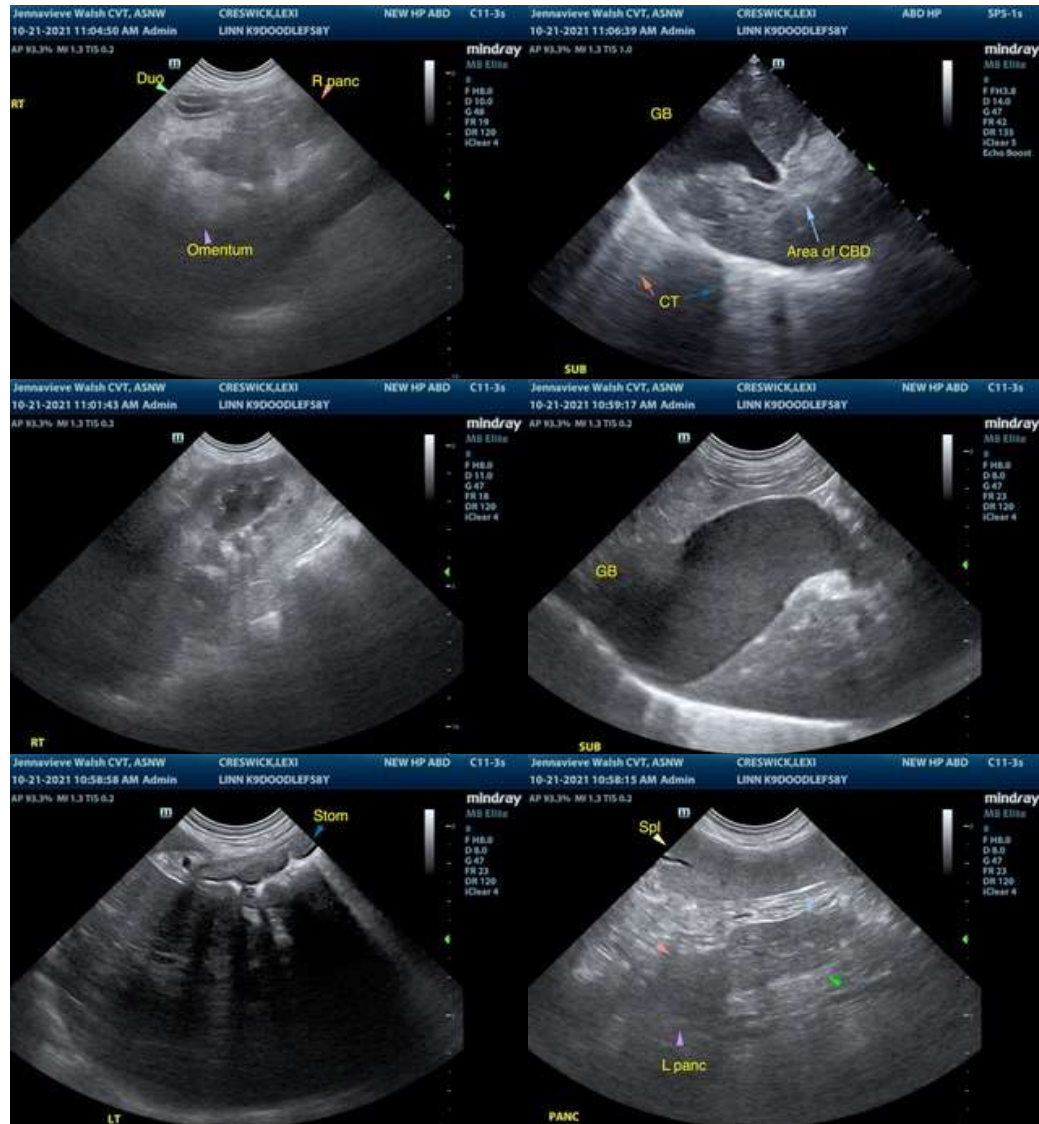
Dr. Braat

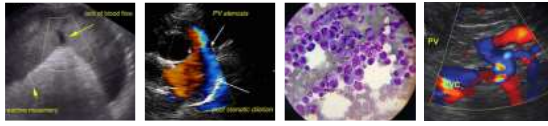
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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